Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07//29/20</u> 0 <u>8</u>	Address:	<u>BROWNSTOWN RD.</u>	
Case #:	<u>43-26142</u>		@ C.R. 150 N.	
County:	<u>JENNINGS</u>		NORTH VERNON, IN.	
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (c Residence Outbuilding	eheck all that apply)	
⊠ Dumpsi	te (only)	∐ Vchicle	Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): I lammable Solvents: Water Reactive Metal (Lithium): Water Reactive Metal (Lithium): Mnhydrous Ammonia: RESIDUE IN TANKS Hydrochloric Acid Gas Generator(s): Corrosive Acid:				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency		☐ Ephedring ☐ Retail/Mo ☐ Other:	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: at serve the location:	
	nent: CENTER TWNSHP, FIRE	Fax: <u>812-34</u>	Fax: <u>812-346-3300</u>	
Health Department: <u>JENNINGS CO.</u>		Fax: <u>812-35</u> Fax: <u>N/A</u>	<u>2-3030</u>	
Child Protec	tion Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>TRP. MARTIN A. MEAD</u> Phone <u>812-522-1441</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.